PREVENTIVE MEDICINE FOR GROUND FORCES

RESPONSIBILITIES

- Unit Commanders are ultimately responsible for the health and safety of their personnel.

IMPORTANCE OF PREVENTIVE MEDICINE

- In every war, more people have died from disease than from combat.
- Medical planning before entering theatre is a necessity.

The Health Services Appendix to the Logistics/Combat Service Support Annex

- Contains necessary information for health service operations including:
- Missions
- Supplies needed
- Med Evac plans
- Medical intelligence
- The preventive medicine journal

Water Sanitation in the Field

- Consider

1. Quantity
2. Quality (turbidity, odor, taste)
3. Sources (ground, surface, salt, other)
4. Salt water must be desalinated using a ROWPU system.

Water Treatment

- Aeration
- Coagulation
- Flocculation
- Filtration
- Reverse Osmosis
- Disinfection (FAC)
- All sources should be maintained at 2.0 PPM

SUPERCHLORINATION

- Used for contaminated water.
- Chlorinate water to 100 ppm for 4 hours
- Write POISON DO NOT DRINK.
- After 4 hours the FAC must be 50 ppm or above.

CANTEENS

- Add 2 iodine tablets to each full canteen.
- Place lid and wait 5 minutes then shake vigorously allowing leakage around the cap.
- Tighten and wait 30 minutes.

5 Gallon Water Cans

- Dissolve 40 Iodine tablets.
- Place cap loosely, wait 5 minutes then agitate.
- Tighten cap and wait 30 minutes.

Water Requirements

- 65 gallons per medical treatment bed per day.
- Minimum usage per day for Marines is 19.7 gallons. For navy 24.6 gallons (aircraft).
- Field water must be tested daily. Supplies at least weekly.

Food Service in the Field

Food Service

- FSO is in charge.
- Temps must be taken 3 times a day.
- Refer spaces must be cleaned and emptied once per week.
- Chopping and grinding meat in the field is prohibited.
- Thawing temp must not exceed 80F.

5 Can Dishwashing Battery

- Can 1 for collecting garbage
- Can 2 for prewash
- Can 3 for washing
- Can 4 for rinsing
- Can 5 for final sanitizing rinse

MRE’s/T-Rations

- Shelf life of 48 months
- T-Rations provide 36 servings

Waste Disposal in the Field

- 4 Types of Waste

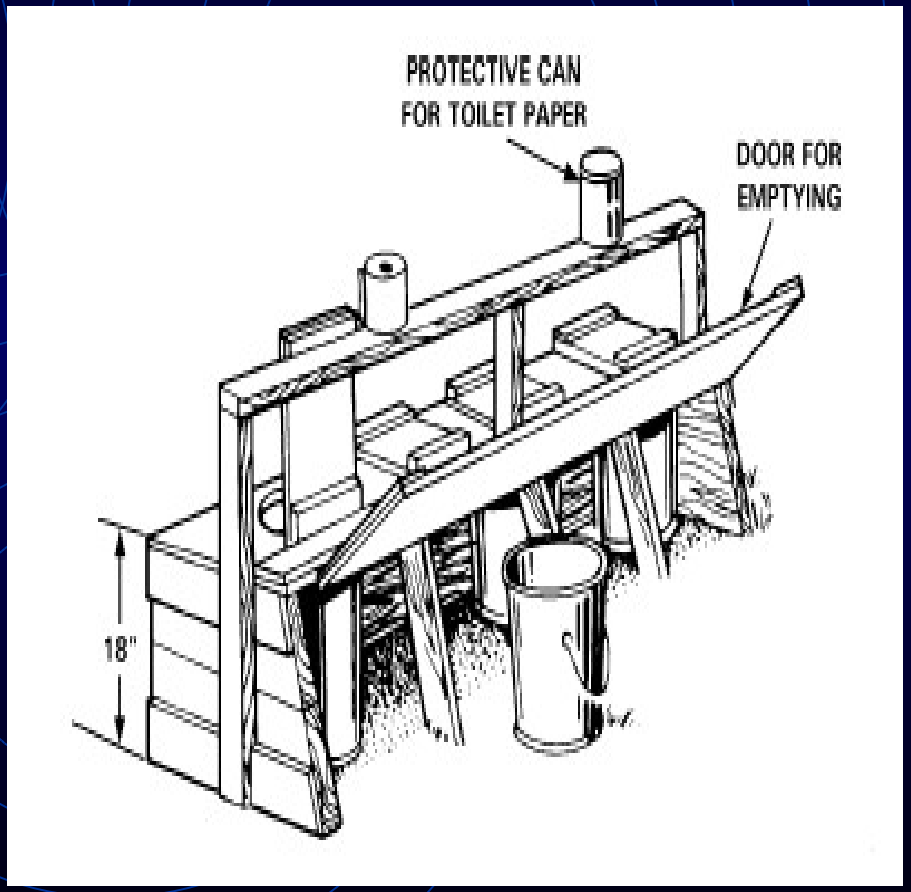
1. Human Waste
2. Liquid Waste
3. Garbage
4. Rubbish

Disposal of Human Waste

- Cat Hole-single use. Dug 8-12” the covered
- Straddle trenches are for temporary use (1-3 days). Must be 100 feet from water source and food serve areas. 50 feet from berthing.
- Accommodates 25 people

Waste Disposal in the Field

- Deep Pit Latrine- one 4 seater for every 50 people.
- Generally 6 feet deep.

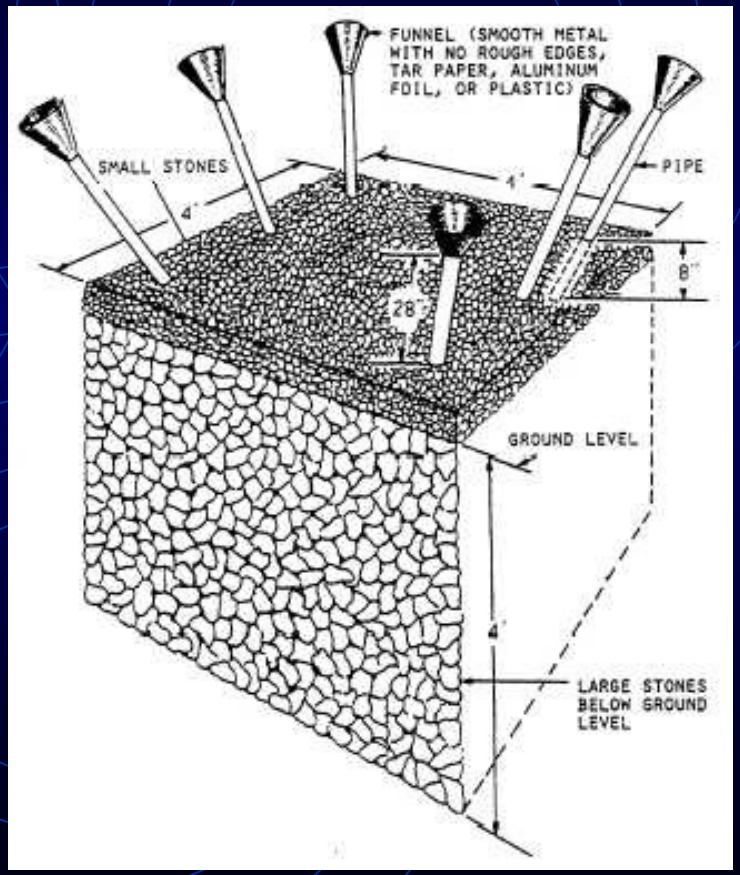


Waste Disposal

- Burn-Barrel Latrine-Contains 2-4 seats on half a 55 gallon drum.
- Will be primed with 3 gallons of diesel fuel and gasoline 4 parts to 1.
- After burning, bury ashes at least 12”.

Waste Disposal

- Urine soakage pit-Six tubes made by pvc piping 1x36”. One pipe for every 20 men.



Disposal of Liquid Waste

- Soakage Pit-1 for every 200 people
- Evaporation Bed
- Filter Grease Trap- Covered with Burlap
- Baffled Grease Trap-most effective

Garbage Disposal

- Burial-must be 100 ft from water source or field mess.
- Pits-4x4 ft hole that serves 100 people a day. Used for overnight stays
- Continuous trench-Used for stays of 2 days or greater.
- Incineration- 50 yards from camp.

Heat Injuries

- Heat Cramps-Due to excessive loss of salt from sweating. Body temp remains normal. Treat by cooling and replace fluids.
- Heat Syncope-fainting from blood pooling in extremities from prolonged exposure to heat.
- Heat Exhaustion-SX include nausea, vomiting, profuse sweating, headache and palpitations. Temp may be elevated and pupils dilated. Tx includes cooling and fluid replacement. Never give ASA or antipyretics.

Heat Injuries

- Heatstroke-A medical emergency from the collapse of the thermal regulatory mechanism. Sx similar to heat exhaustion and also contain confusion, drowsiness and irrational behavior. Tx includes cooling and transport. Remove clothing while cooling. IV of NS should also be given. Take temps rectally only.

Prevention of Heat Injuries

- Acclimatization-3 weeks is optimal
- Adequate water intake
- Salt Intake
- Proper clothing (field uniforms should not be starched.
- Careful WBGT monitoring

WBGT Monitoring

- <80 white flag
- 80-84.9 green flag
- 85-87.9 yellow flag
- 88-89.9 red flag
- 90> black flag

Prevention of Cold Injuries

- Factors:

1. Age
2. Rank (E4 and below)
3. Previous cold injury
4. Fatigue
5. Nutrition
6. Activity
7. Drug and Meds
8. Nicotine

Cold Injuries

- Immersion Syndrome-from continued exposure to water <50F
- Generally on the extremities. If left untreated can lead to amputation.

Frost Bite

- Occurs from freezing winds. Skin will appear as yellow/white and have a prickly sensation.

Cold Injuries

- Hypothermia-Cooling of the bodies core temperature.
- Can result in as little as 5 minutes.
- Snow blindness
- Caused from suns rays reflecting off ice crystals

Communicable disease reporting

- NAVMEDCOMINST 6220.2 Disease Alert report
- Mandatory for diseases of medical importance.
- Forwarded to nearest NEPMU or preventive medicine unit.

THE END

Questions